CRITICAL ACCESS HOSPITALS

Name, Title Organization

Balanced Budget Act of 1997

The BBA had a severe financial impact on hospitals around the country. To help alleviate the impact on small, rural hospitals, the BBA created the...

The Medicare Rural Hospital Flexibility Program

The Flex Program allows rural hospitals to receive a higher reimbursement rate and have greater flexibility from federal rules and regulations. To receive these benefits, a rural hospital can convert to a...

Critical Access Hospital

CAHs must provide the basic services necessary to their community, maintain a low average length of stay, and network with other healthcare providers to ensure that the healthcare needs of the community are met.

What is a Critical Access Hospital?

- Cost-based reimbursement from Medicare
- 96-hour average length of stay (calculated annually)
- 15 bed limit (plus 10 swing beds)
- Employ or contract with at least one physician
- A Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist may provide inpatient care, subject to physician oversight

What is a Critical Access Hospital?

- Required services:
 - Inpatient care
 - Emergency care
 - Laboratory
 - Radiology
- Emergency services:
 - Available 24 hours
 - Staff is on-call and available within 30 minutes

What is a Critical Access Hospital?

- Network agreement with at least one hospital to include:
 - Patient referral and transfer
 - Transportation services (emergency and nonemergency)
 - Development and use of communication system
- Agreement with network hospital or PRO for:
 - Credentialing
 - Quality assurance

Who is Eligible to Become a CAH?

- Hospitals in 47 states
- Current hospitals (public or not-for-profit), hospitals closed or downsized to clinics before November 1989
- Location criteria:
 - Rural (defined by state), and one of the following:
 - 35+ mile drive to hospital or CAH (15 minutes in mountains or areas with secondary roads), or
 - State certified as "necessary provider"

Critical Access Hospitals Must Address

- Networking
- Emergency Medical Services
- Quality Assurance
- Community Development

Benefits of CAH Conversion

- The primary benefit of a CAH is that it moves hospitals from the Prospective Payment System (PPS) to a Cost-Based Reimbursement system for both inpatient and outpatient services.
- Since physicians do not have to take calls on site, CAH conversion can aid in recruitment and retention.

Benefits of CAH Conversion

- Opportunity for increased market share
- Can be used to help communities
 - Identify and analyze issues
 - Set priorities
 - Address problems
 - Define appropriate services
- Can encourage local commitment and shared responsibility for organizing and sustaining delivery system.

Benefits of CAH Conversion

- Promotes network development, which in turn can help
 - Maintain essential services in the community
 - Integrate other vulnerable services
 - Recruit and retain health professionals
 - Coordinate health planning
 - Develop integrated healthcare system
 - Attract additional sources of funding